

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name Kellogg Springs Camp Christian Camp	PWS ID# 4 1 90490
Month/Year __5/2021	Entry Point: First User (Shop) Required Minimum Residual .04 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9.03	AA,AB,AC,AF	.4	
2	17.36	AA,AB,AC,AF	.5	
3	8.10	AA,AB,AC,AF	.4	
4	8.26	AA,AB,AC,AF	.4	
5	8.22	AA,AB,AC,AF	.5	
6	8.43	AA,AB,AC,AF	.5	
7	8.06	AA,AB,AC,AF	.5	
8	8.15	AA,AB,AC,AF	.5	
9	10.57	AA,AB,AC,AF	.7	
10	6.35	AA,AB,AC,AF	.6	
11	6.58	AA,AB,AC,AF	.5	
12	7.44	AA,AB,AC,AF	.7	
13	7.57	AA,AB,AC,AF	.6	
14	7.07	AA,AB,AC,AF	.5	
15	7.45	AA,AB,AC,AF	.4	
16	7.09	AA,AB,AC,AF	.4	
17	5.05	AA,AB,AC,AF	.8	
18	7.03	AA,AB,AC,AF	.8	
19	7.42	AA,AB,AC,AF	.8	
20	9.26	AA,AB,AC,AF	.8	
21	8.28	AA,AB,AC,AF	.5	
22	9.26	AA,AB,AC,AF	.7	
23	7.55	AA,AB,AC,AF	.6	
24	8.35	AA,AB,AC,AF	.6	
25	8.23	AA,AB,AC,AF	.6	
26	8.03	AA,AB,AC,AF	.7	
27	8.13	AA,AB,AC,AF	.6	
28	7.57	AA,AB,AC,AF	.7	
29	7.25	AA,AB,AC,AF	.6	
30	8.03	AA,AB,AC,AF	.6	
31	10.52	AA,AB,AC,AF	.6	

Was the chlorine residual ever less than the required minimum residual of .4 mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed:</p> <p align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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Printed Name: Steve Croy	Title: Facilities Director	Operator Certification #:
Signature:	Phone #: (541) 459-1511ext462	OR
Date: 6 / 2 / 2021		Small Groundwater System <input checked="" type="checkbox"/>